

# FY 2016 West Virginia Justice Assistance Grant Program Task Force Application Forms

***\*\*The JAG application has adopted a format which bases all applications on specific program types/abstracts. All units of state or local government are eligible to apply, providing that their program/application falls under one of the Abstracts included in the application packet.***



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| <b>West Virginia Justice Assistance<br/>Grant Program Application</b> | <b>General Administrative Information<br/>Page 1</b> |
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|   |  |
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| <u><b>Applicant Agency:</b></u><br><b>Address:</b><br><br><br><b>Phone:</b><br><b>Fax Number:</b> | <u><b>Task Force Commander:</b></u><br><b>Address:</b><br><br><br><b>Phone:</b><br><b>Email:</b> |
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|   |   |
|---|---|
| <u><b>Project Director:</b></u><br><b>PD Title:</b><br><b>Address:</b><br><br><br><b>Phone:</b><br><b>Fax:</b><br><b>Email:</b> | <u><b>Fiscal Officer:</b></u><br><b>FO Title:</b><br><b>Address:</b><br><br><br><b>Phone:</b><br><b>Fax:</b><br><b>Email:</b> |
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**Funds Requested:** \_\_\_\_\_ **Amount Awarded:** \_\_\_\_\_  
**Match Proposed:** \_\_\_\_\_  
**Project Period:** July 1, 2016 – June 30, 2017

*(for DJCS use only)*

**Number of years previously funded:** \_\_\_\_\_ **Estimated Number to be Served:** \_\_\_\_\_  
**Geographic Area(s) Served:** \_\_\_\_\_  
**Total Population:** \_\_\_\_\_  
**DUNS Number:** \_\_\_\_\_  
**FEIN Number:** \_\_\_\_\_  
**Project Title:** \_\_\_\_\_  
**Project Description:**

*Certification: To the best of my knowledge, the information contained in this application is true and correct. The submission thereof has been duly authorized by the governing body and the applicant will comply with the attached special conditions and assurances, if funding is provided.*

|                                    |                         |
|------------------------------------|-------------------------|
| <u><b>Authorized Official:</b></u> | <u><b>AO Title:</b></u> |
| <b>Address:</b>                    | <b>Phone:</b>           |
|                                    | <b>Fax:</b>             |
|                                    | <b>E-Mail:</b>          |
| <b>Signature:</b>                  | <b>Date:</b>            |

|   |                                  |
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| <b>West Virginia Justice Assistance<br/>Grant Program Application</b> | <b>Budget Summary<br/>Page 2</b> |
|---|----------------------------------|

|            |              |
|------------|--------------|
| Applicant: | FEIN Number: |
|------------|--------------|

| Budget Category       | WV JAG<br>Requested Funds<br>(A) | Local (Match)<br>Funds<br>(B) | Total<br>Budget<br>(A + B) |
|-----------------------|----------------------------------|-------------------------------|----------------------------|
| Personnel/Contractual |                                  |                               |                            |
| Travel/Training       |                                  |                               |                            |
| Equipment             |                                  |                               |                            |
| Other                 |                                  |                               |                            |
| Totals                |                                  |                               |                            |

*\*All funds must be rounded to the nearest whole dollar amount*

#### Funding Strategy

| Funding Source(s) | Amount | Status |
|-------------------|--------|--------|
|                   |        |        |
|                   |        |        |
|                   |        |        |
|                   |        |        |
|                   |        |        |
|                   |        |        |
|                   |        |        |
|                   |        |        |
|                   |        |        |
| Total             |        |        |

Funding Source - Separately list each source of funds that will be used in the program.

Amount - Enter the amount received or anticipated for each

Status - Indicate the status of each funding source as follows:

P – Projected grant, loan or donation

A – Application submitted and under review

C – Funds Committed

R – Funds received, appropriated or on hand

|   |                                 |
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| <b>West Virginia Justice Assistance<br/>Grant Program Application</b> | <b>Budget Detail<br/>Page 3</b> |
|---|---------------------------------|

| Detailed Project Cost by<br>Budget Category | Requested<br>JAG Funds | Local<br>Funds<br>Utilized | Grant Funds<br>Approved |
|---|------------------------|----------------------------|-------------------------|
| <b><u>Personnel / Contractual:</u></b>      |                        |                            | (DJCS Use Only)         |
| <b><u>Travel / Training:</u></b>            |                        |                            |                         |
| <b><u>Equipment (\$1,000/unit):</u></b>     |                        |                            |                         |
| <b><u>Other:</u></b>                        |                        |                            |                         |
| Total Requested JAG Funds                   |                        |                            |                         |
| Total Local Matching Funds                  |                        |                            |                         |
| Total Funds APPROVED for Project            |                        |                            | (For DJCS Only)         |

Provide specific information that explains each proposed expense for the project. State clearly and in concise detail the breakdown and justification of need for each item requested for funding in the Budget Detail pages. Also, provide an identified breakdown of matching funds. Be sure to label the breakdown of matching funds as such. Attach additional pages if necessary.

Please provide information that describes the proposed project. State clearly and in concise detail the purpose and direction of the project, including all components described in the project narrative section of the application instructions. All components must be addressed in the order listed in the instructions. Attach additional pages if necessary and label additional pages as 5a, 5b, 5c, etc. PLEASE SEE ABSTRACT.

- Goal - Broad statement about what the program intends to accomplish. This statement should state the long-term desired impact of the program, set scope or foundation, state long-range target or purpose, identify target population, and state the condition to be changed.
- Objective - A specific statement of the desired short-term, immediate outcome of the program which will show accomplishment of the goal. Each objective must be **S.M.A.R.T.** (**S**pecific, **M**easurable, **A**ttainable, **R**esults oriented and **T**ime bound).
- Outcome Measure - The data or tool used to measure achievement of the objective. How will data be collected, analyzed, and results shared.
- Activities - What will be done and who will accomplish it. **You must have at least one (1) activity per objective.**
- Timeline - When will the activity begin and end. **You must have a timeline for each activity.**

Goal  
Number: \_\_\_\_\_

Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

Goal  
Number: \_\_\_\_\_

Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

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Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

Goal  
Number: \_\_\_\_\_

Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.



Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

Goal  
Number: \_\_\_\_\_

Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

Provide a membership list of the all parties collaborating on this project, including name, title, agency affiliation, mailing address, telephone number, fax number, and email address for each member. *Letters of commitment or MOU's from each board member, reflecting their understanding of the requirements of the Collaboration will not be required but is encouraged for this grant application.*

Provide a brief statement outlining the program agency's procedures for hiring employees who are funded under this grant. Include with this application a job description and qualifications for the position(s) proposed under the grant. If position(s) are currently filled, please include a resume for each position filled.

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| <b>West Virginia Justice Assistance<br/>Grant Program Application</b> | <b>Operational Budget<br/>Attachment A</b> |
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Attach the operational budget for this program along with a brief 3-year strategic financial and programmatic plan of operation. Only one 3-year plan is required as long as all entities included in the application are sufficiently covered in the plan.

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| <b>West Virginia Justice Assistance<br/>Grant Program Application</b> | <b>Plan of Sustainability<br/>Attachment B</b> |
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Please attach in this section a detailed outline of future funding strategies, and an outline of funding plans should federal funding sources cease to exist. Please detail fundraising strategies; local donations; city, county, and state funding contributions; as well as plans to maintain positions and program goals in current and future economic strains.

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| <b>West Virginia Justice Assistance<br/>Grant Program Application</b> | <b>Other Required Program Information<br/>Attachment C</b> |
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A copy of the following information must be submitted (as applicable) with this attachment in order for the application to be complete. Please refer to page xvii of the application instructions for more details:

1. **Current Task Force Memorandum of Understanding**
2. **Law Enforcement Entry Level Salary Certifications**
3. **Prevention Resource Officer Board of Education Agreement**
4. **Memo of IBR Compliance from West Virginia State Police** (all city, county, and state agencies are required to have this. If multiple cities or counties are covered under this application, a Memo must be provided for EACH participating agency)
5. **501c3 Documents and Articles of Incorporation**
6. **Active CCR Documentation**

